

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesHEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-  
Q)

ADDRESS (number and street)

55 WATER STREET

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10041

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00412247

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jay A. Schoenfeld

Signature of Treasurer

Electronically Filed by Jay A. Schoenfeld

Date

01

30

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	7

To:

M	M		D	D		Y	Y	Y	Y
1	2		3	1		2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		28126.00
(b) Cash on Hand at Beginning of Reporting Period .....	52631.00	
(c) Total Receipts (from Line 19) .....	26800.00	55305.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79431.00	83431.00
7. Total Disbursements (from Line 31) .....	7500.00	11500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71931.00	71931.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16250.00	34850.00
(i) Itemized (use Schedule A) .....	10550.00	20455.00
(ii) Unitemized .....	26800.00	55305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26800.00	55305.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26800.00	55305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26800.00	55305.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	11500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7500.00	11500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	11500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26800.00	55305.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26800.00	55305.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

David Abernethy

Mailing Address 636 E. Capitol St., NE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of NY

Occupation  
Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.4958

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Stacey Blair-Greenfield

Mailing Address 80 Bay St. Landing  
Apt 1B

City

Staten Island

State

NY

Zip Code

10301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of NY

Occupation  
Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.4954

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Carmen Bynum

Mailing Address 716 Rosedale Ave

City

Bronx

State

NY

Zip Code

10473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of NY

Occupation  
Managing Director of IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5051

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Arthur J. Byrd

Mailing Address 55 Water St.  
13th Floor

City State Zip Code  
New York NY 10041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIP Health Plan of New York

Occupation  
VP - Treasurer and Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5052

Amount of Each Receipt this Period

500.00

payroll deduction - 5 per-  
iods @ \$100 per

**B.**

Full Name (Last, First, Middle Initial)

Christopher Chappelear

Mailing Address 29 Kensington Terr.

City State Zip Code  
Maplewood NJ 07040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIP Health Plan of NY

Occupation  
Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**C.**

Full Name (Last, First, Middle Initial)

E. McMichael Clark, Jr.

Mailing Address 224 Lattingtown Rd.

City State Zip Code  
Locust Valley NY 11560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIP Health Plan of NY

Occupation  
Managing Director, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5058

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A.

Full Name (Last, First, Middle Initial)

Susan Coleman

Mailing Address 797 Heron Rd

City

Weston

State

FL

Zip Code

33326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan Adm-  
in.

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

B.

Full Name (Last, First, Middle Initial)

Lili Brillstein Cotenoff

Mailing Address 105 Oakview Ave.

City

Maplewood

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rk

Occupation

Mng Dir, Facility &amp; Ancillary Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5062

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

C.

Full Name (Last, First, Middle Initial)

Dominic D'Adamo

Mailing Address Four Oak Spring Rd.

City

West Nyack

State

NY

Zip Code

10994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rk

Occupation

SVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5066

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150 per

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A.

Full Name (Last, First, Middle Initial)

Craig Effrain

Mailing Address 21 Brandywine Dr.

City

Matawan

State

NJ

Zip Code

07747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of NYOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5074

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50

B.

Full Name (Last, First, Middle Initial)

John English

Mailing Address 19281 Stonebrook St

City

Weston

State

FL

Zip Code

33322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan Adm-  
in.Occupation  
Managing Director, IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5021

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

C.

Full Name (Last, First, Middle Initial)

Philip Gandolfo

Mailing Address 12 Normandy Dr.

City

Farmingdale

State

NY

Zip Code

11735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rkOccupation  
SVP Melville Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150 per

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A.

Full Name (Last, First, Middle Initial)

Arlene K Gartenberg

Mailing Address 125 Cherry Lane

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Strategic Planning

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5075

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

B.

Full Name (Last, First, Middle Initial)

Donna Giuliano-Hajar

Mailing Address 2166 W. 12th St.

City

Brooklyn

State

NY

Zip Code

11223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Manager, Network Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5079

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

C.

Full Name (Last, First, Middle Initial)

James Greenidge

Mailing Address 1545 S. Trafalgar Circle

City

Hollywood

State

FL

Zip Code

33020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.4985

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Jim Karagiorgis

Mailing Address 113 Bennett Place

City

Amityville

State

NY

Zip Code

11701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5094

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**B.**

Full Name (Last, First, Middle Initial)

Thomas Ko

Mailing Address 32 Revere Pl.

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of NY

Occupation  
Data Processing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5101

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**C.**

Full Name (Last, First, Middle Initial)

Williams G. Lewis

Mailing Address 300 E. 25th St.  
Apt 5D

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5102

Amount of Each Receipt this Period

500.00

payroll deduction - 5 per-  
iods @ \$100 per

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Liptak

Mailing Address 3 Patricia Ct.

City

Lumberton

State

NJ

Zip Code

08048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5105

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**B.**

Full Name (Last, First, Middle Initial)

Edward Lucy

Mailing Address 75 McCann Dr.

City

Ottsville

State

PA

Zip Code

18942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5108

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150

**C.**

Full Name (Last, First, Middle Initial)

Daniel T. McGowan

Mailing Address 14 Gina Drive

City

Centerport

State

NY

Zip Code

11721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

President / C.O.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5114

Amount of Each Receipt this Period

1500.00

payroll deduction - 5 per-  
iods @ \$300 per

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Neil Meyerkopf

Mailing Address 39 Claremont Ave.  
Apt. 31

City State Zip Code  
New York NY 10027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Insurance Plan of  
NY

Occupation  
Health Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Carmine Morano

Mailing Address 33 Finlay St.

City State Zip Code  
Staten Island NY 10307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PerfectHealth Insurance  
Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4994

Amount of Each Receipt this Period

500.00

payroll deduction - 5 per-  
iods @ \$100 per

**C.**

Full Name (Last, First, Middle Initial)

Christine O'Connor

Mailing Address 12 Breeze Hill Rd

City State Zip Code  
New Hampton NY 10958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HIP Health Plan

Occupation  
Managing Director, L&G Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5125

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Glenn Polansky

Mailing Address 51 Finch Rd.

City

Ringwood

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11AI.4960

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Leonard Reich

Mailing Address 33 Rusco St.

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5138

Amount of Each Receipt this Period

500.00

payroll deduction - 5 per-  
iods @ \$100 per

**C.**

Full Name (Last, First, Middle Initial)

Araksi Sarafian

Mailing Address 1410 Pullman Pointe Ct.

City

Henderson

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rk

Occupation

Chief Pharmacy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5152

Amount of Each Receipt this Period

500.00

payroll deduction - 5 per-  
iods @ \$100 per

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Vincent Scicchitano

Mailing Address 11 Roy Drive

City

Nesconset

State

NY

Zip Code

11767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5154

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150 per

**B.**

Full Name (Last, First, Middle Initial)

Himanshu Shah

Mailing Address 58 Canton Rd.

City

Parsippany

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rk

Occupation

Managing Director - Bus. Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5156

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**C.**

Full Name (Last, First, Middle Initial)

DeWitt Smith

Mailing Address 93 Barrett Lane

City

Wykoff

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

SVP, Sales and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5159

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150 per

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

A.

Full Name (Last, First, Middle Initial)

John H Steber

Mailing Address 201-54 W. Shearwater Ct.

City

Jersey City

State

NJ

Zip Code

07305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New Yo-  
rk

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5161

Amount of Each Receipt this Period

1000.00

payroll deduction - 5 per-  
iods @ \$200 per

B.

Full Name (Last, First, Middle Initial)

Leslie Strassberg

Mailing Address 28 Valley Rd.

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Insurance Plan of  
NY

Occupation

Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5165

Amount of Each Receipt this Period

750.00

payroll deduction - 5 per-  
iods @ \$150 per

C.

Full Name (Last, First, Middle Initial)

Nena Tahl

Mailing Address 400 9th St.  
Apt W56

City

Hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP

Occupation

Health Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Pedro Villalba

Mailing Address 992 Rock Rimmon Rd.

City

Stamford

State

CT

Zip Code

06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP Health Plan of New York

Occupation

Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4983

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Walsh

Mailing Address 13 Cayuga Rd.

City

Cranford

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIP

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5168

Amount of Each Receipt this Period

250.00

payroll deduction - 5 per-  
iods @ \$50 per

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

16250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City State Zip Code  
Brooklyn NY 11233

Purpose of Disbursement

Candidate Name  
EDOLPHUS TOWNS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: SB23.5183

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
National Leadership PAC

Mailing Address PO Box 5577

City State Zip Code  
Manhattanville Sta NY 10027

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.5179

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

7500.00